

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE MATTER OF THE GUARDIANSHIP OF

**Petition for  
Temporary Guardianship  
(Incompetent)**

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Under oath, I state that:**

1. I am interested as

☐ a relative: \_\_\_\_\_.

☐ public official or creditor. The authority of the petitioner to act, fact of indebtedness, continuing liability for maintenance, continuing breach of the public peace is: \_\_\_\_\_

☐ Other: \_\_\_\_\_

2. The proposed ward's residence is \_\_\_\_\_ County, State of \_\_\_\_\_,  
post-office address: \_\_\_\_\_.

3. The person or institution having the care and custody of the proposed ward is:  
name: \_\_\_\_\_ phone number: \_\_\_\_\_  
post-office address: \_\_\_\_\_

4. The spouse and presumptive or apparent adult heirs of the proposed ward, and all other persons believed by the petitioner to be interested are as follows: ☐ See attached.

NAME

RELATIONSHIP

POST-OFFICE ADDRESS

5. The proposed ward requires immediate appointment of a temporary guardian because: ☐ See attached.

**(Complete 6 and 7 for temporary guardian of estate.)**

6. The approximate value of proposed ward's property is:

<u>General Description</u>	<u>Amounts</u>	<u>Comments</u>
Personal property:	\$ _____	_____
Real estate:	\$ _____	_____
Annual income from this property:	\$ _____	_____
Other: _____	\$ _____	_____

Any other claim, income, compensation, pension, insurance or allowance to which the proposed ward may be entitled is ☐ none. ☐ as follows:

<u>General Description</u>	<u>Amounts</u>	<u>Comments</u>
Social security (monthly):	\$ _____	_____
Pension from _____	\$ _____	_____
Others: _____	\$ _____	_____

Medical assistance ☐ yes ☐ no

7. Assets previously derived from or benefits now due and payable from the U.S. Department of Veterans Affairs are: ☐ none ☐ See attached.

General Description

Amounts

8. The proposed ward has:

- ☐ executed a durable power of attorney. Name and address are attached.  
☐ executed power of attorney for health care. Name and address are attached.  
☐ engaged in other advance planning to avoid guardianship. See attached.

9. The proposed ward presently has: ☐ no guardian. ☐ guardian(s):  
 (Name:) \_\_\_\_\_

10. The person(s) nominated as temporary guardian of:

- ☐ person: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_  
☐ estate: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_  
☐ co-guardian of estate: \_\_\_\_\_ phone number: \_\_\_\_\_  
 post-office address: \_\_\_\_\_

**I request that the court:**

- Conduct an immediate hearing on this petition.
- Make a finding that the welfare of the alleged incompetent requires the immediate appointment of a temporary guardian.
- Appoint person(s) as temporary guardian as nominated above with the following powers and duties:  
☐ See attached.

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Subscribed and sworn to before me

on \_\_\_\_\_

\_\_\_\_\_  
 Notary Public/Court Official

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner

\_\_\_\_\_  
 Name Printed or Typed

\_\_\_\_\_  
 Address

Name of Attorney	
Address	
Telephone Number	Bar Number